

Calexico California Chamber of Commerce

Membership Application

Name (firm or individual):	
Address:	
City/State/Zip:	
Contact Person:	
Type of Business:	
Telephone:	
Fax:	
Email:	
Website Address:	http://

For the purpose of becoming associated with other businesses and professionals in a cooperative endeavor to support community development and enhance the quality of life and to underwrite the work of the **Calexico Chamber of Commerce**, I/we hereby subscribe, as annual dues the sum of \$ \_\_\_\_\_ which is our fair share, based on the average number of full-time employees.

Number of Employees:	Select One	Dues:
1 - 5		\$ 75.00
6 - 10		\$ 110.00
11 - 20		\$ 140.00
21 - 40		\$ 180.00
Over 40		\$ 220.00
Associate Member, Non-Profit Clubs & Organizations.		\$ 40.00

Date:\_\_\_\_\_ Authorized By:\_\_\_\_\_

When Completed Please mail the Application To:  
CALEXICO CHAMBER OF COMMERCE  
P.O. Box 948  
Calexico, CA 92232  
(760) 357-1166 Fax: (760) 357-9043

Website: <http://calexicochamber.ca.gov>  
Email: [staff@calexicochamber.ca.gov](mailto:staff@calexicochamber.ca.gov)